



CF OPERATING PROCEDURE  
NO.

Family Safety

INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE

Purpose. This operating procedure describes the functions and requirements for the administration of the Interstate Compact on Adoption and Medical Assistance (ICAMA).

Scope. This operating procedure is applicable to all districts/regions, Family Safety program staff and Child Welfare Legal Services attorneys as well as providers of child welfare services under contract with the department, who are involved in the interstate interests of adopted special needs children.

Authority. ICAMA joinder and participation is authorized by Section 409.406 and 409.407, Florida Statutes (2002).

P.L. 96-272, Adoption Assistance and Child Welfare Act of 1980, Social Security Act, Section 473, et seq.

Consolidated Omnibus Reconciliation Act of 1985 (COBRA) made two changes in Title XIX, Medicaid: (1) Requires the state of residence to provide Medicaid to all children adopted under the federally assisted adoption subsidy program; and (2) Gives states the option of extending Title XIX Medicaid to children adopted pursuant to state-funded adoption subsidy programs if they meet specific eligibility criteria.

P.L. 105-89, Adoption and Safe Families Act of 1997

Definitions.

"Adoption Assistance" means payments and services provided to a special needs child and his or her adoptive family, as specified in the Adoption Assistance Agreement. Such assistance may include maintenance adoption subsidy, medical subsidy, Medicaid and reimbursement of non-recurring expenses associated with the legal adoption.

"Adoption Assistance Agreement" is an agreement between the adoptive parents and a state, agency, or subdivision thereof, in accordance with which the adoptive parents are to receive financial assistance and services on behalf of a child with special needs.

"Adoption Assistance State" is the state that is the signatory to an Adoption Assistance Agreement on behalf of a particular child.

"Adoptive Parents" is the party(ies) entering into the Adoption Assistance Agreement with the state, agency or subdivision.

"Certification" is the guarantee, as stated on the Notice of Medicaid Eligibility/Case Activation Form (Form 6.01) from the Adoption Assistance State, that the attached

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Effective 2/18/03  
Supercedes NEW  
Approval Date 4/16/03

Adoption Assistance Agreement is a true copy of the Agreement which is current and in effect.

"Child with Special Needs" is a child on whose behalf adoption assistance payments are being made to facilitate and maintain an adoption. A child with special needs is defined in Section 409.166, F.S.

"COBRA" is the Consolidated Omnibus Budget Reconciliation Act of 1986. COBRA mandates that children receiving Title IV-E adoption assistance payments are categorically eligible to receive Medicaid in the state of residence.

"COBRA Option" is the provision in COBRA that provides states with the flexibility of providing Medicaid coverage for non-IV-E children who have special needs and are receiving state funded adoption assistance. In order for a child to be eligible for the COBRA option, the child must have a special medical or rehabilitative need, which is specified on the Adoption Assistance Agreement.

"District ICAMA Specialist" is the person in the district/region that has responsibility for the local administration of ICAMA.

"Fair Hearing" is a system under which adoptive parents may appeal the denial of or exclusion from adoption assistance. The types of situations which would constitute grounds for a fair hearing include: (a) relevant facts regarding the child, the birth family, or child's background were known and not presented to the adoptive parents prior to the legalization of the adoption; (b) denial of assistance which was based on a means test of the adoptive parents; (c) erroneous determination by the state that a child is ineligible for adoption assistance; and (d) failure by the agency to advise adoptive parents of the availability of adoption assistance.

"ICAMA" means the Interstate Compact on Adoption and Medical Assistance.

"ICAMA State Office" means the central state ICAMA office responsible for statewide administration of ICAMA and for maintaining contact and coordinating assistance with other ICAMA member states.

"Medicaid Identification Document" is a Medicaid card.

"Party State" is a state that is a member of the Interstate Compact on Adoption and Medical Assistance.

"Resident State" is the state in which the child lives.

"Third Party Insurance" is any health insurance, other than Medicaid, the adoptive parents have that provides coverage for the adopted child.

"Title IV-E" is a federal funding source for a child who meets the technical eligibility requirements that were in place as of July, 1996 for the Aid To Families of Dependent Children (AFDC) or a child who is eligible for Social Supplemental Income (SSI). The child's eligibility for Title IV-E must be determined at the time of the child's latest removal from the home and at the time the adoption petition is filed. To be eligible for Title IV-E,

the child, at the time of entry into foster care, must (a) have been residing with a specified relative or lived with a specified relative within the six month period prior to removal, (b) have been deprived of the care or support of at least one parent, (c) must have met the income and resources requirements for Title IV-E, and (d) there must be a judicial determination that it was "contrary to the welfare of the child" to remain in the home. The child's eligibility for SSI must be determined by the Social Security Administration no later than the time the adoption petition is filed and is based on (a) income level and (b) disability.

Procedures. There are three different situations that fall under the Interstate Compact on Adoption and Medical Assistance (ICAMA). The three situations and the procedures that must be followed are described below.

#### I. Child Moves Between ICAMA Party States

##### A. Responsibilities of Florida as the Adoption Assistance State (When A Child Moves FROM Florida To Another ICAMA State)

###### 1. Notify the new state of residence of the child's eligibility for Medicaid.

Thirty (30) calendar days prior to the child's move to another ICAMA state, the district/region ICAMA specialist sends two copies of each of the following documents, attached to the District ICAMA Transmittal Form, to the ICAMA headquarters office at DCF for forwarding to the new state of residence:

- a. A completed Notice of Medicaid Eligibility/Case Activation (Form 6.01) to the new state of residence. The ICAMA specialist must sign Section E, Certification, on page 3 of Form 6.01.
- b. A copy of the most current Adoption Assistance Agreement, which must show that the child is eligible for Medicaid based on Title IV-E eligibility or state option.
- c. A cover letter signed by the adoption counselor and supervisor that identifies any unique concerns about the child and/or the adoptive family.

###### 2. Inform the adoptive family that the new Resident State has been notified that the child is eligible to receive Medicaid benefits in the new state of residence.

The district/region ICAMA specialist sends the family:

- a. A copy of the Notice of Medicaid Eligibility/Case Activation (Form 6.01); and
- b. The original Notice of Action (Form 6.02); and
- c. A copy of the most current Adoption Assistance Agreement.

###### 3. A copy of the above referenced documents for each adopted child will be maintained in the child's adoption case file.

B. Responsibilities of Florida as the Resident State (When A Child From Another ICAMA State Moves TO Florida)

To ensure that documentation for the child's Medicaid eligibility is complete, within ten (10) working days of receipt of a child's ICAMA documents from the State ICAMA Office, the district/region ICAMA specialist will:

1. Open a case in each child's name.
  - a. Make copies of the documents; and
  - b. Create a file for each adopted child in the family.
2. Facilitate the issuance of a Medicaid card based on the documentation provided.
  - a. Forward the documentation to appropriate local Medicaid office; or
  - b. Apply whatever procedures are followed in the district/region.
3. Notify the Adoption Assistance state of the child's Medicaid status by:
  - a. Completing Sections A, B, and C of Report of Change in Child/Family Status (Form 6.03); make two copies of this completed form; and
  - b. Send it to the ICAMA headquarters office at DCF informing them that the Medicaid case was opened and whether or not a Medicaid card has been issued.

II. Florida Child Moves into Non-Party State

(Even though the child is moving into a non-party state, both the Adoption Assistance State and the non-party state may use ICAMA forms.)

A. Responsibilities of Florida as the Adoption Assistance State

1. Notify the new state of residence of the child's eligibility for Medicaid.

Thirty (30) calendar days prior to the child's move to a non-party state, the district/region ICAMA specialist sends two copies of the following documents, attached to the District ICAMA Transmittal form, to the ICAMA headquarters office at DCF for forwarding to the new non-party state of residence:

- a. A completed Notice of Medicaid Eligibility/Case Activation (Form 6.01) to the new state of residence along with:
- b. A copy of the Adoption Assistance Agreement, which must show that the child is eligible for Medicaid based on Title IV-E eligibility or state option.

2. Inform the adoptive family that the new Resident State has been notified that the child may be or is eligible to receive Medicaid benefits in the new state of residence. If the adoptive family is not eligible to receive Medicaid benefits in the new state of residence see section IV.,A., 1 through 3 of this operating procedure.

The district/region ICAMA specialist sends the family:

- a. A copy of the Notice of Medicaid Eligibility/Case Activation (Form 6.01); and
- b. The original Notice of Action (Form 6.02); and
- c. A copy of the current Adoption Assistance Agreement.

### III. Child Moves from First Resident State (Florida) to a Second Resident State

A. Responsibilities of the district/region ICAMA specialist in First Resident State

1. Ensure that the necessary documentation is forwarded to the second state of residence.

Thirty (30) calendar days prior to the child's move from the first resident state (Florida) to a second resident state, the district/region ICAMA specialist will:

- a. Notify the local Medicaid office of the date that the child is moving to another state and that the Medicaid card must be closed;
- b. Complete Sections A, B, D and E of the Report of Change in Child/Family Status (Form 6.03) and send two copies, attached to the District ICAMA Transmittal form, to the ICAMA headquarters office at DCF for forwarding to the Adoption Assistance state, which from then on is responsible for communicating directly with the second state of residence in matters involving the child's continuing eligibility for Medicaid in the new state.

2. Close child's case.

B. Responsibilities of Florida as the Second Resident State

Within ten (10) working days of receipt of a child's ICAMA documents, the district/region ICAMA specialist will:

1. Open a case in each child's name.
  - a. Make copies of the documents; and
  - b. Create a file for each adopted child in the family; and,
2. Facilitate the issuance of a Medicaid card based on the documentation provided.
  - a. Forward the documentation to appropriate local Medicaid office; or
  - b. Apply whatever procedures are followed in the district.
3. Notify the Adoption Assistance state of the child's Medicaid status by:
  - a. Completing Section A, B, and C of Report of Change in Child/Family Status (Form 6.03); and
  - b. Send it to the ICAMA headquarters office at DCF for forwarding to the Adoption Assistance State informing them whether or not the child's new Medicaid card has been issued.

#### IV. Medicaid Coverage of Children Receiving State-Funded Adoption Assistance

Children receiving state-funded adoption assistance and Medicaid from the adoption assistance state are not automatically eligible to receive Medicaid in the new state of residence.

The child is eligible IF:

1. the adoption assistance state has elected to provide Medicaid to children receiving state-funded adoption assistance and included Medicaid as a benefit in the adoption assistance agreement;
2. the new residence state has elected the COBRA option; and
3. the new residence state has agreed to provide this benefit to all eligible children with adoption assistance agreements, not just children with adoption assistance agreements with their state.

Note: Under ICAMA, residence states are required to provide Medicaid to children receiving state-funded adoption assistance when: (1) both states are members of ICAMA; (2) both States have elected the option to provide Medicaid to this category of children; and (3) the child meets the eligibility criteria.

##### A. When Florida is the Adoption Assistance State

1. The district/region ICAMA specialist will determine, based on Exhibit A State's List, if the new residence state has elected the COBRA option
2. If the state does not have the option, the district/region ICAMA specialist will inform the family that they will not be eligible for Medicaid in the new state of residence and assist them in (1) finding a provider that will take the adoption assistance state's Medicaid, or (2) assist them in finding a way to get medical assistance.
3. If the state does have the option and will reciprocate, the district/region ICAMA specialist will fill out the ICAMA forms as outlined above.

##### B. When Florida is the Resident State

Florida provides Medicaid for children receiving state-funded adoption assistance from another state when the child has been determined eligible for Medicaid under the COBRA option by the adoption assistance state. The responsibilities of the district/region ICAMA specialist is the same as when a child moves between ICAMA party states.



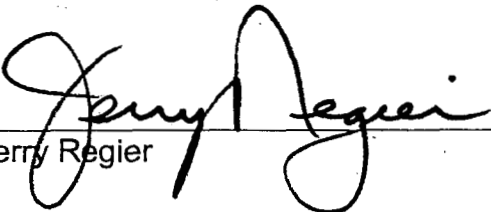
# INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE

## *Signature Page*

Pursuant to the authority conferred upon me by Section 409.406, Florida Statutes (2002), the undersigned hereby enters into the **Interstate Compact on Adoption and Medical Assistance** on behalf of the state of Florida, and signifies that the agency which the undersigned represents has the authority to perform the actions required by the Compact and to provide or cause to be provided the services and benefits required by the Compact in the manner and to the extent necessary for compliance therewith.

Executed this 18<sup>th</sup> day of February, 2003

on behalf of the state of Florida by:

  
\_\_\_\_\_  
Jerry Regier

\_\_\_\_\_  
Secretary  
Title

State of Florida  
Department of Children and Families  
\_\_\_\_\_  
Agency

# INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE

## Designation of Compact Officials Form

The following individuals have been designated as the Compact Administrator and Deputy Compact Administrators for the state of Florida effective this 18<sup>th</sup> day of February, 2003.

### Compact Administrator:

Samuel G. Ashdown, Jr.  
Name

Program Administrator,  
Family Safety Program Office  
Title

State of Florida  
Department of Children & Families  
Agency

### Deputy Compact Administrator:

Wendy Leader Johnston  
Name

Program Administrator,  
Medicaid  
Title

State of Florida  
Agency for Health Care Administration  
Agency

### Deputy Compact Administrator:

Nathan J. Lewis  
Name

Program Administrator, Health Care  
Access Unit, Economic Self-Sufficiency  
Services Program Office  
Title

State of Florida  
Department of Children & Families  
Agency

### Deputy Compact Administrator:

Sandra D. Erickson  
Name

Government Operations Consultant II,  
Family Safety Program Office  
Title

State of Florida  
Department of Children & Families  
Agency

**Deputy Compact Administrator:**

Barbara K. Stephens  
Name

Government Operations Consultant II,  
Family Safety Program Office  
Title

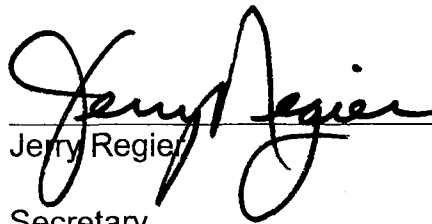
State of Florida  
Department of Children & Families  
Agency

**Deputy Compact Administrator:**

Kevin O. Askew  
Name

Government Operations Consultant II,  
Family Safety Program Office  
Title

State of Florida  
Department of Children & Families  
Agency



Jerry Regier

Secretary  
Title

State of Florida  
Department of Children & Families  
Agency

February 18, 2003  
Date